

## DEPARTMENT OF SOCIAL SERVICES



October 30, 1981

ALL-COUNTY LETTER NO. 81-112

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: Foster Care Information System - List of Discontinued Cases

REFERENCE: ACL No. 81-7, ACL No. 81-56, and ACL No. 81-95

In preparation for compliance with the Adoption Assistance and Child Welfare Act of 1980 (PL 96-272), All County Letter No. 81-7 of last January advised counties to maintain an ongoing monthly listing, beginning January 1981, of the name and corresponding case number of each child discontinued from one of the following caseloads:

1. AFDC Foster Care Program (formerly AFDC-BHI) and not continuing to receive foster care services on a service only basis; and
2. Service cases closed after receiving foster care services on a service only basis.

County welfare departments are now requested to send these monthly lists to the Department of Social Services. Accommodations have been made for both manual and magnetic tape input of these lists of closed cases. In the event the lists are kept on tape, please see the attached "FCIS Tape Specifications" for format and transmittal details. For submittal of manual lists, follow the format specified below. In either event, the lists should be clearly labeled as "FCIS Lists of Discontinued Cases for the period (January - October), 1981."

The manually prepared lists should be typed or printed neatly. They should identify the county and the month in which cases were closed at the top of the page. The child's name should appear, last name first followed by first name and middle initial. On the same line following the name, the case number including two digit county number, two digit aid code, seven digit serial number, one digit FBU number and two digit person number should be recorded.

Example: County: Alameda - List of cases closed in January 1981

Smith, John A.	01-40-1234567-1-01
Jones, Mary B.	01-40-1234568-1-02



Manual lists of closed cases for the months of January through October should be sent to the following address by December 18, 1981:

Department of Social Services  
Family and Children's Services  
Systems Bureau  
744 P Street, M.S. 9-102  
Sacramento, CA 95814

As of November 1, 1981, county welfare departments will no longer be required to maintain a separate list of discontinued foster care cases. This activity will be incorporated in Phase I of the Foster Care Information System.

If you have any questions, please contact Ted Spelis at (916) 323-2923 or ATSS 473-2923.

Sincerely,

  
  
JAMES H. GOMEZ  
Deputy Director

Attachment

cc: CWDA

FCIS Tape Specifications  
Discontinued cases for January - October 1981

I. All magnetic tapes containing discontinued cases for the period January - October 1981 submitted by counties to the State Department of Social Services for input into the Foster Care Information System must conform to the following specifications:

1) Media	Heavy duty MYLAR magnetic data tape
2) Configuration	IBM 9-track odd parity
3) Recording Density	1600 BPI or 6250 BPI
4) Labels (header, trailer)	No Label (NL) 1 tape mark beginning 2 tape marks ending
5) Record Size	50 bytes
6) Record Format	Fixed
7) Records per Block	One
8) Data Code	EBCDIC

NOTE: The magnetic tape must reside on one input volume.

II. The tape record should be formatted as follows:

Tape positions	Field Name	Field Type
1-2	County Number	Display Numeric
2-4	Aid Code	Display Numeric
5-11	Serial Number	Alphanumeric
12-12	FBU Number	Alphanumeric
13-14	Person Number	Alphanumeric
15-30	Child's Last Name	Alphanumeric
31-42	Child's First Name	Alphanumeric
43-43	Child's Middle Initial	Alphanumeric
44-45	Month when the case was discontinued	Display Numeric
46-47	Year when the case was discontinued	Display Numeric
48-50	Filler	Display Numeric

### III. Magnetic Tape Shipping and Handling Instructions

#### Shipping

Each county providing the discontinued cases on magnetic tape in the format as described, will submit their tape on or before December 12, 1981 to the following address:

Department of Social Services  
Data Processing Branch  
Post Office Box 15254  
Sacramento, CA 95813

ATTN: Production Control

#### Handling

Each carton and the input magnetic tape reel must be clearly labeled as follows:

- 1) County Name
- 2) 'Foster Care Discontinued Cases, Jan - Oct 1981'

Each carton must contain a transmittal listing the following:

- 1) Submitting County name
- 2) Submitting County's address
- 3) Date of transmittal
- 4) Submitting County's contact person
- 5) Contact person's telephone number
- 6) Magnetic tape reel number
- 7) Magnetic tape record count.

A sample transmittal is attached.

SAMPLE TRANSMITTAL

TO: Department of Social Services  
Data Processing Branch  
Post Office Box 15254  
Sacramento, CA 95813

ATTN: Production Control

FROM: County Name: \_\_\_\_\_

Address:

DATE: \_\_\_\_\_

COUNTY CONTACT PERSON: \_\_\_\_\_

CONTACT PERSON TELEPHONE: \_\_\_\_\_

REEL NUMBER: \_\_\_\_\_

RECORD COUNT: \_\_\_\_\_